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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/611,411	06/30/2003	Scott Manzo	017516-009700US

CONFIRMATION NO. 2194

PATENT DEPT  
INTUITIVE SURGICAL, INC  
950 KIFER ROAD  
SUNNYVALE, CA 94086

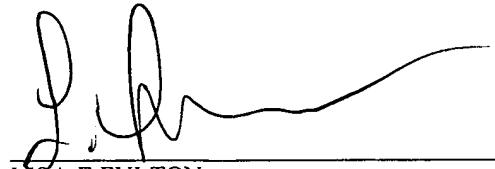
\*OC000000018605794\*  
\*OC000000018605794\*

Date Mailed: 04/24/2006

**NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 03/29/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.



LISA E FULTON  
3700 (571) 272-4348

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\*OC000000018605754\*  
\*OC000000018605754\*

Date Mailed: 04/24/2006

**NOTICE REGARDING CHANGE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 03/29/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

LISA E FULTON  
3700 (571) 272-4348

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